PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								10/8/0,455					
		CLAIMS	AS FILED (Colu			(Column 2)		SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			,					E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC		 85.00		BASIC FE		
TOTAL CHARGEABLE CLAIMS			10 minus 20=		• 10)		X\$ 9	\dashv		1		770.00	
INDEPENDENT CLAIMS			'3 minus 3 =		•/					OR		 	
MULTIPLE DEPENDENT CLAIM P							X43:			OR	X86=		
<u> </u>	6 Ab a - difference						+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L		OR	TOTAL		
	(AMENDE	MENDED - PART II				OTHER THAI SMALL ENTITY OR SMALL ENTIT					
	1	(Column 1)	T	(Colum		(Column 3)	SMAL			OR	SMALL	ENIIIY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent		Minus	***		=	X43=			OR	X86=		
	FIRST PRES	ENTATION OF M	ULTIPLE DI	EPENDENT	CLAIM			+-				 	
	1,4	+145=			OR	+290=							
							TOTA ADDIT. FE			OR ,	TOTAL DDIT. FEE		
	<u> </u>	(Column 1)	,	(Colum		(Column 3)						.•	
AMENDMENT B		CLAIMS REMAINING	1	HIGHE NUMBI	-	PRESENT		AD	DI-	Γ		ADDI-	
		AFTER AMENDMENT		PREVIOU PAID F	JSLY	EXTRA	RATE	TIO	NAL		RATE	TIONAL	
	Total		Minus	**		=	X\$ 9=	1		OR	X\$18=	FEE	
	Independent	*	Minus	***		=	X43=	+-		ŀ			
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	CLAIM		A43=	-		OR	X86=		
							+145=			OR	+290=	•	
		-					TOTAL ADDIT. FEE			OR A	TOTAL DDIT. FEE		
		(Column 1)		(Column	n [.] 2)	(Column 3)					•	-	
ا د	\	CLAIMS REMAINING		HIGHES	ST]			ADI	<u> </u>		- 1	4001	
INDINICINI		AFTER AMENDMENT		PREVIOU	SLY	PRESENT EXTRA	RATE	TION	IAL		RATE	ADDI- TIONAL	
	Total		Minus	PAID FO)H			FE		L		FEE	
	Independent		Minus Minus	**		=	X\$ 9=		c	R	X\$18=		
. L		TATION OF MU		PENDENT C	LAIM	-	X43=		c	R	X86=		
							+145=		o	R	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE ADDIT. FEE													
Hear	the "Highest Nor	nher Previously Dai	d For INI THE	C CDACE :- 1-		0	ADDIT. FEE			AL.	DIT. FEE L		